AMERICAN PSYCHOLOGICAL ASSOCIATION
POLICY STATEMENTS ON
LESBIAN AND GAY ISSUES

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CONTENTS

Discrimination Against Homosexuals.....1

Child Custody and Placement.....1

Employment Rights of Gay Teachers.....2

Creation of Task Force on the Status of Lesbian and Gay Psychologists.....2

Creation of Committee on Gay Concerns (COGC)*.....2

Creation of Society for the Psychological Study of Lesbian and Gay Issues..3

Name Change to Committee on Lesbian and Gay Concerns (CLGC).....3

Acquired Immune Deficiency Syndrome (AIDS).....4

Use of Diagnoses "Homosexuality" and "Ego-dystonic Homosexuality".....5

Hate Crimes.....5

AIDS Education.....6

Sodomy Laws and APA Convention.....7

U.S. Department of Defense Policy on Sexual Orientation and Advertising in APA Publications.....8

References.....9

Discrimination Against Homosexuals

At its January 1975 meeting, Council [Ed. note: The Council of Representatives, the governing body of the American Psychological Association] adopted a statement of policy regarding homosexuals, recommended by BSERP [Ed. note: The Board of Social and Ethical Responsibility for Psychology, a Standing Board provided by the American Psychological Association's Bylaws] and amended by the Board of Directors and Council, and adapted from a statement adopted by the Association of Gay Psychologists Caucus Meeting in New Orleans in September 1974. Further, Council voted that the Association's Statement of Policy regarding Equal Employment Opportunity be amended to include sexual orientation among the prohibited discriminations listed in the statement. Following is the Policy Statement regarding Discrimination against Homosexuals:

1. The American Psychological Association supports the action taken on December 15, 1973, by the American Psychiatric Association, removing homosexuality from that Association's official list of mental disorders. The American Psychological Association therefore adopts the following resolution:

> Homosexuality per se implies no impairment in judgement, stability, reliability, or general social and vocational capabilities: Further, the American Psychological Association urges all mental health professionals to take the lead in removing the stigma of mental illness that has long been associated with homosexual orientations.

2. Regarding discrimination against homosexuals, the American Psychological Association adopts the following resolution concerning their civil and legal rights:

> The American Psychological Association deplores all public and private discrimination in such areas as employment, housing, public accommodation, and licensing against those who engage in or have engaged in homosexual activities and declares that no burden of proof of such judgement, capacity, or reliability shall be placed upon these individuals greater than that imposed on any other persons. Further, the American Psychological Association supports and urges the enactment of civil rights legislation at the local, and state and federal level that would offer citizens who engage in acts of homosexuality the same protections now guaranteed to others on the basis of race, creed, color, etc. Further, the American Psychological Association supports and urges the repeal of all discriminatory legislation singling out homosexual acts by consenting adults in private. (Conger, 1975, p. 633)

Child Custody or Placement

At its September 1976 meeting, the Council adopted the following resolution, initiated by the Task Force on the Status of Lesbian and Gay Psychologists of the Board of Social and Ethical Responsibility for Psychology (BSERP): "The sex, gender identity, or sexual orientation of natural, or prospective adoptive or foster parents should not be the sole or primary variable considered in custody or placement cases."(Conger, 1977, p. 432)

Employment Rights of Gay Teachers

On recommendation of BSERP, the Board of Directors at its December 1980 meeting voted (5 to 4) to recommend that the Council adopt a resolution developed by the Committee on Gay Concerns in support of the rights of gay teachers to maintain employment. The Board amended the resolution slightly, and the Council at its January 1981 meeting voted major amendments. The resolution as finally adopted by the Council reads as follows:

WHEREAS the American Psychological Association deplores all public and private discrimination in such areas as employment, housing, public accommodation, and licensing against those who engage in or have engaged in homosexual activities and declares that no burden of proof of such judgement, capacity, or reliability shall be placed upon these individuals greater than that imposed on any other person,
BE IT RESOLVED that the American Psychological Association protests personnel actions against any teacher solely because of sexual orientation or affectional preference. (Abeles, 1981, p. 581)

Creation of Task Force on the Status of Lesbian and Gay Psychologists

At its June 1974 meeting, the Board of Directors received a report from the Board of Social and Ethical Responsibility for Psychology (BSERP) on a study of a request that a National Task Force on Homosexuals as Persons be established, and that BSERP had invited the President and a designated representative of the Association for Gay Psychologists to attend BSERP's October 1974 meeting. (Conger, 1975, p. 632-3)

At its October 1974 meeting BSERP recommended the establishment of a Task Force on the Status of Lesbian and Gay Male Psychologists to be formed which would fact find and report recommendations back to BSERP. This recommendation was approved by the Board of Directors at their December meeting, and the funding for the Task Force was approved at the January, 1975, meeting of the Council of Representatives. (American Psychological Association [APA], 1979, p. 4)

Creation of Committee on Gay Concerns (COGC)

At the request of BSERP, the Board at its June 1979 meeting voted to defer until its December 1979 meeting consideration of a proposal for a continuing committee on the status of lesbian and gay male psychologists; the final report of the Task Force on the Status of Lesbian and Gay Male Psychologists on the matter is to be available at that time, to provide documentation for such a committee's need, proposed mission, and anticipated activities. The Board received the task force report at the December 1979 meeting and, after discussion, voted to recommend the establishment of such a committee. The Council of Representatives, on recommendation of BSERP and the Board of Directors, voted at its January 1980 meeting to establish a continuing Committee on Gay Concerns with a mission statement as given in a new Rule of Council 60-15.1, to read as follows:

Creation of Committee on Gay Concerns (COGC) (cont'd)

There shall be a Committee on Gay Concerns whose mission shall be to study and evaluate on an going basis how the problems of lesbian and male psychologists can best be dealt with; to encourage objective and unbiased research in areas relevant to gay women and men and the social impact of such research; to examine the consequences of stereotypes about homosexuality in clinical practice; and to make recommendations regarding the integration of these issues into the Association's activities to further the cause of the civil and legal rights of gay psychologists within the profession. The Committee shall consist of six members, three women and three men, to be appointed for staggered terms of three years. It shall report to the Council through the Board of Social and Ethical Responsibility for Psychology. (Conger, 1980, p. 532)

Creation of Society for the Psychological Study of Lesbian and Gay Issues

At its August 1984 meeting, the Council of Representatives voted that the Society for the Psychological Study of Lesbian and Gay Issues be established as Division 44, effective as of January 1985. (Abeles, 1985, p. 638)

Name Change to Committee on Lesbian and Gay Concerns (CLGC)

On recommendation of the BSERP and the Board of Directors the Council at its August 1985 session voted that the name of the Committee on Gay Concerns be changed to the Committee on Lesbian and Gay Concerns, and further, that appropriate editorial changes be made in the mission statement consistent with the Committee's new name. (Abeles, 1986, 660)

At its October 25-27, 1985, meeting the BSERP approved the editorial changes in the Committee on Lesbian and Gay Concerns mission statement adopted by the Committee at the September 27-28, 1985, meeting. (APA, 1985a, p. 5, 1985b, pp. 1-2)

The Association Rule for the Committee on Lesbian and Gay Concerns follows:

150-4. Committee on Lesbian and Gay Concerns

150-4.1 There shall be a Committee on Lesbian and Gay Concerns whose mission shall be to: (a)study and evaluate on an on-going basis how the problems of lesbian and gay male psychologists can best be dealt with; (b)encourage objective and unbiased research in areas relevant to gay women and men and the social impact of such research; (c)examine the consequences of stereotypes about homosexuality in clinical practice; and (d)make recommendations regarding the integration of these issues into the APA's activities to further the cause of the civil and legal rights of lesbian and gay psychologists within the profession.

Name Change to Committee on Lesbian and Gay Concerns (CLGC) (cont'd)

> The Committee shall consist of six members, three women and three men, to be appointed for staggered terms of three years. It shall report to Council through the Board of Social and Ethical Responsibility for Psychology. (APA, 1988a, p. 39)

The Committee on Lesbian and Gay Concerns has adopted (CLGC) as the abbreviation for the name of the Committee (American Psychological Association, 1985b)

Acquired Immune Deficiency Syndrome (AIDS)

On recommendation of the BSERP and the Board of Directors the Council at its January/February 1986 session adopted the following resolution concerning Acquired Immune Deficiency Syndrome (AIDS), originated by the Committee on Lesbian and Gay Concerns (CLGC) and amended previously by the BSERP and the Board of Directors, and amended further by the Council.

Recognizing that the epidemic of Acquired Immune Deficiency Syndrome (AIDS) threatens the mental health and civil liberties, as well as physical health, of many persons, the American Psychological Association adopts the following resolution:

1. The importance of psychosocial and mental health components of AIDS should be stressed in treatment, research, and prevention programs.
2. APA is also concerned about the public health aspects of AIDS and about the physical and mental health of the public. Therefore APA supports the greater expenditure of public funds for public education regarding AIDS and for the accurate dissemination and utilization of the most current scientific information regarding the prevention and treatment of AIDS.
3. Necessary mental health services and facilities for persons with AIDS, AIDS-related conditions, or an exaggerated fear about the threat of AIDS should be widely available.
4. Given current research evidence that individuals do not become infected with the AIDS virus through casual contact, the American Psychological Association deplores the exclusion of persons with AIDS or those suspected of having AIDS from housing, employment, education, or necessary professional services.
5. The American Psychological Association condemns use of the AIDS epidemic as a vehicle for fostering prejudice or discrimination against any group or individual.
6. Until there are empirical data linking specific tests with the eventual development of AIDS, the American Psychological Association condemns indiscriminate testing to detect exposure to AIDS.
7. Psychologists are urged to combat irrational public fears of AIDS through education and other professional activities including teaching of courses, lectures to the public, counseling and therapy, consultation, and research regarding the fear of AIDS.
8. Large-scale identification of AIDS seropositive persons, a major public health goal, clearly requires adherence to the requirement of confidentiality of patient records. We urge that this customary ethical tenet be strictly followed in all dealings with persons voluntarily screened for the AIDS virus. (Abeles, 1986, p. 659)

Use of Diagnoses "Homosexuality" and "Ego-dystonic Homosexuality"

At its August meeting, Council, on the recommendation of the Board of Directors and BSERP, voted to adopt the following resolution originated by the Committee on Lesbian and Gay Concerns:

WHEREAS, The American Psychological Association has been on record since 1975 that "homosexuality per se implies no impairment in judgment, stability, reliability, or general social and vocational capabilities"; and

WHEREAS, it appears that the ICD-9-CM is widely used either by mandate or choice by many psychologists nationwide in connection with third-party reimbursement, institutional-based service delivery, and research; and

WHEREAS, The next revision of the ICD is not anticipated to be completed until 1992 and may, according to current proposals, then contain the "ego-dystonic homosexuality" diagnosis which APA also opposes; and

WHEREAS, The Council of Representatives already has urged APA members not to use the proposed DSM-III-R diagnoses of Periluteal Phase Disorder, Self-Defeating Personality Disorder, and Sadistic Personality Disorder because they lack adequate scientific basis and are potentially dangerous to women;

BE IT RESOLVED that the American Psychological Association: Urge its members not to use the "302.0 Homosexuality" diagnosis in the current ICD-9-CM or the "302.00 Ego-dystonic Homosexuality" diagnosis in the current DSM-III or future editions of either document. (Fox, 1988, p. 529)

Hate Crimes

At its February meeting, on the recommendation of the Board of Directors and BSERP, Council voted to approve the following resolution on hate crimes:

WHEREAS, the experience of criminal and violent victimization has profound psychological consequences; and

WHEREAS, the frequency and severity of crimes and violence manifesting prejudice have been documented; and

WHEREAS, the American Psychological Association opposes prejudice and discrimination based upon race, ethnicity, religion, sexual orientation, gender, or physical condition.

THEREFORE BE IT RESOLVED that the American Psychological Association condemns harassment, violence, and crime motivated by such prejudice.

BE IT FURTHER RESOLVED that the American Psychological Association encourages researchers, clinicians, teachers, and policy-makers to help reduce and eliminate hate crimes and bias-related violence and to alleviate their effects upon the victims, particularly those victims who are children, youth, and elderly,

Hate Crimes (cont'd)

BE IT FURTHER RESOLVED that the American Psychological Association supports government's collection and publication of statistics on hate crimes and bias-related violence, provision of services for victims and their loved ones, and interventions to reduce and eliminate such crimes and violence, and policies that perpetuate them. (Fox, 1988, p. 528)

AIDS Education

On the recommendation of its Task Force on Psychology and AIDS, the Board of Directors at its December meeting voted to recommend that Council adopt an APA resolution on AIDS education. The resolution was submitted under New Business at the February 1987 Council meeting by a representative of Division 42 (Independent Practice) and was amended by the Task Force (with the mover's acceptance).

At its February meeting Council voted to approve the following resolution addressing AIDS Education:

WHEREAS, the epidemic of the Acquired Immune Deficiency Syndrome (AIDS) currently threatens the physical health, mental health, and civil liberties of many persons in American society, and

WHEREAS, in 1986 the American Psychological Association adopted a comprehensive resolution outlining APA policies surrounding AIDS, including APA's strong commitment to public education regarding AIDS and its prevention, as well as education to combat irrational public fears of AIDS and its transmission, and

WHEREAS, empirical research has demonstrated that, in addition to imparting knowledge, educational programs designed to effect behavior change should address topics of decision making, risk assessment, attitude change, group norms, and other social and psychological processes, and

WHEREAS, an important strategy for such education should be to provide children and adolescents of all cultural and socio-economic groups with information about AIDS that is gender-relevant, culturally sensitive, and appropriate to their level of intellectual, emotional and social development, and

WHEREAS, the U.S. Surgeon General, Dr. C. Everett Koop, has asserted that "education concerning AIDS must start at the lowest grade possible as part of any health and hygiene program."

WHEREAS, effective AIDS education for all age groups must address the behaviors through which AIDS can be transmitted, including but not limited to sexual behavior and sharing of intravenous needles and paraphernalia, and must do so as accurately and explicitly as possible while remaining appropriate to the age and developmental level of the members of the targeted audiences, as well as their culture and language,

AIDS Education (cont'd)

THEREFORE, be it resolved that the American Psychological Association supports the Surgeon General's Report on Acquired Immune Deficiency Syndrome (1986),

BE IT FURTHER RESOLVED that APA urges that information about AIDS, its transmission and prevention be incorporated into elementary and secondary school curricula in conjunction with educational programs concerning sexuality, drug use, health, and family issues; and that such education be provided at the earliest grade possible, and in a manner appropriate to the child's level of intellectual, emotional, and social development. Priority should be given to culturally and linguistically appropriate prevention and education efforts targeted at Black, Hispanic, and Native American youth. The development of such curricula and programs should be accomplished with all deliberate speed by local boards of education, working closely with parents.

BE IT FURTHER RESOLVED that APA recognizes the importance for AIDS prevention of providing clear and accurate information about sexual behaviors and sharing of needles and syringes, and that the APA deplores attempts by governmental or other institutions to restrict the effectiveness of community-based AIDS-prevention organizations, and

BE IT FURTHER RESOLVED that the APA urges increased funding from governmental and private sources for basic and applied research and evaluation relevant to AIDS education and risk reduction.

BE IT FURTHER RESOLVED that the APA urges its members to provide their expertise to develop, implement, and evaluate AIDS education and risk-reduction programs. (Fox, 1988, p. 528)

Sodomy Laws and APA Convention

[At its August 1988 meeting] Council voted to approve the following substitute resolution on holding conventions in states with sodomy laws.

APA reaffirms its opposition to laws criminalizing consensual adult sexual behavior in private and directs the Board of Convention Affairs to consider the presence of such laws as a factor in the selection of future convention sites and in programming. (APA, 1988b, p. 14)

U.S. DEPARTMENT OF DEFENSE POLICY ON SEXUAL ORIENTATION AND ADVERTISING IN APA PUBLICATIONS

[Adopted by the American Psychological Association Council of Representatives, August 18, 1991.]

WHEREAS, the American Psychological Association (APA) deplores discrimination on the basis of sexual orientation; and

WHEREAS, APA will not let its publications, as advertising media, be used by others in support of discriminatory employment practices;

WHEREAS, the U.S. Department of Defense (DoD) maintains a policy that homosexual orientation is "incompatible with military service"; and

WHEREAS, the DoD will not knowingly admit bisexual, lesbian or gay individuals to military service, including research and clinical internship programs in psychology; and

WHEREAS, an average of 1,500 men and women are unfairly discharged from military service each year because their sexual orientation becomes known;

THEREFORE, be it resolved that the APA opposes the DoD policy which finds homosexual orientation "incompatible with military service"; and

BE IT FURTHER RESOLVED that APA take a leadership role among national organizations in seeking to change this discriminatory DoD policy, and

BE IT FURTHER RESOLVED that APA will not permit its publications, as advertising media, to be used by the DoD after December 31, 1992, unless the DoD policy that homosexual orientation "is incompatible with military service" has been rescinded by that date.

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